

**THE UNITED STATES DISTRICT COURT
FOR THE WESTERN DISTRICT OF VIRGINIA
DRUG TREATMENT COURT PROGRAM**

Mentorship Application Form

Date:

To: U.S. Probation Office
P.O. Box 1563
Roanoke, VA 24007-1563
Dennis_Gardner@vawp.uscourts.gov
(540) 857-5180

From:

E-mail:

Phone:

Subject: Drug Treatment Court Program Mentorship Application

Employer: _____

Practice Area/Industry: _____

Date of Birth: _____

Any specific area(s) in which you would like to assist a Drug Treatment Court Program participant? (Check all that apply)

- Job Applications
- Interviewing Skills
- Obtaining GED/High School Degree
- Healthy Living
- Debt/Credit Issues
- Other (please specify): _____

Please specify the best day(s) of the week and time(s) during which you could meet with a Drug Treatment Court Program participant:

Are you able to attend Drug Treatment Court sessions on _____ for approximately one hour, at least during the beginning of the mentorship?

- Yes
- No

Please list the locations most convenient for you to meet with a Drug Treatment Court participant (Check all that apply):

- Abingdon
- Big Stone Gap
- Charlottesville
- Danville
- Harrisonburg
- Lynchburg
- Roanoke
- Other (please specify): _____

Thank you for your interest in becoming a mentor! After receipt of this form, a member of the Drug Treatment Court Program team will be in contact with you shortly.